

# Frequently Asked Questions About Influenza Specialty Care Units (ISCUs)

This document was developed by the Massachusetts Department of Public Health in collaboration with the Massachusetts Hospital Association.

## 1. What is an ISCU?

An Influenza Specialty Care Unit (ISCU) is an alternate care site to provide additional capacity for hospital level care for flu patients. Every Massachusetts acute care hospital is required to plan for an ISCU for their cluster population.

## 2. What is a hospital cluster?

Every community in Massachusetts is being assigned to an acute care hospital for purposes of pandemic planning. The communities, with their hospital, are referred to as a cluster.

## 3. Why do we need ISCUs?

Based on our planning assumptions, we expect that 30% of the residents of MA will become ill with the flu. Of those, half are expected to need evaluation and some level of care delivered by the health care sector. We anticipate that 80,000 will need hospital level care over the course of the first wave of the pandemic (estimated to last 8 weeks or longer), and 11,569 patients will need hospital level care during the peak week of the epidemic curve. While hospitals will use a variety of strategies to accommodate the surge of flu patients, it is unlikely they will be able to provide care to all those that will need it. It will be important for hospitals to still be able to admit and care for those non-flu patients that will still require hospitalization. Therefore, we expect that hospitals will admit only those flu patients that require critical care – those needing mechanical ventilation or management of other acute co-morbidities. Unless hospitals identify additional capacity, and develop a plan to bring it online, the number of acute care inpatient beds will fall far short of the need, and many patients that need hospital level care will be unable to access it.

## 4. What kinds of places can serve as ISCUs?

In order to provide safe care to sick patients with relatively few staff, ISCUs need to be able to accommodate a large number of patients in a single room. That allows adequate supervision by fewer staff. Hospitals have been provided a matrix to help identify the best sites in their ISCU community, schools, colleges, armories, hotels (meeting rooms/conference areas) and other buildings that meet the general guidelines can be used. Among the factors the hospitals need to consider are facility ingress and egress, ability to secure the site, the public's familiarity and access to the site, existing infrastructure such as phone lines and internet access, and adequate restrooms and food storage/preparation areas.

## 5. What are Emergency Dispensing Sites?

Emergency Dispensing Sites (EDS) are part of the CDC National Strategic Stockpile program. Under this program, every community in the United States has been asked to develop the capability to provide immunization or prophylaxis to their entire community within three days of a bioterrorist event. In order to fulfill this requirement, local health departments have evaluated potential EDS sites and have created staffing and other operational plans for these sites. As this program pre-dates the ISCU planning program, most communities have already identified their EDS sites.

## **6. What if the ISCU site has already been identified as an EDS site?**

While it is highly unlikely that an EDS will be needed during the peak of the pandemic, it is a possibility we must plan for. It is important to remember that while there are multiple communities per hospital's ISCU cluster, and only one community will host the ISCU, there is at least one EDS site identified in each community. Therefore, if a site identified as an EDS serves as the ISCU, the population served by that EDS site can be re-directed to another site in that community, if available, or to an EDS in a neighboring community. The provision of hospital level care to sick patients requires that hospitals conduct a search for the best possible ISCU site. This process should be done in close collaboration with the local health department. In the end, the decision of whether to allow an EDS to also serve as an ISCU will be a local decision.

## **7. Why do we need to create these ISCU clusters?**

Once concern about a pandemic is perceived as a real threat, we can expect that residents will begin to seek evaluation and information. In order to protect the hospital emergency rooms and provider offices and clinics from becoming overwhelmed by people seeking flu care, we must have pre-identified sites that people can be directed to go to instead of their hospital or physician office. Identifying and planning for these sites in advance will allow local communities and local health departments to inform their residents about how to access care. In addition, the clusters provide the demographic and population data on which state planners generate impact projections.

## **8. How will people know which ISCU to go to?**

Once the clusters have been defined and the ISCU sites identified, the local communities and hospitals can begin to develop their public education campaigns to ensure clear and accurate public education materials to direct residents to the most appropriate site of care.

## **9. What kind of care will be provided in an ISCU?**

ISCUs will provide supportive flu care only. Due to financial and logistical constraints, staffing concerns, and supply chain issues, there will be no mechanical ventilation or oxygen supplied in ISCUs. The use of room air concentrators will provide low flow oxygen in addition to intravenous antibiotics and other supportive care as needed. Patients admitted to an ISCU that develop the need for more critical care will be transported to the ISCU's acute care hospital. The provision of a specified level of care for a single diagnosis will permit the pre-stockpiling of equipment, supplies and pharmaceuticals, as well as training of volunteers.

## **10. How will patients arrive at the ISCU?**

Each ISCU will have a triage/evaluation area associated with it. Patients will arrive at the evaluation center where they will be screened and triaged. Most patients will be cared for at home. Some may receive short term treatment, such as a few hours of intravenous treatment. Patients arriving at the ISCU evaluation center that need critical care will be transported from the ISCU directly to the hospital as long as hospital capacity exists. Those that are too sick to go home and those for whom home care is not possible, but who are not sick enough to require an acute care hospital bed, will be admitted directly into the ISCU. In addition, ambulances will be permitted under a special waiver to transport a patient directly to an ISCU rather than the hospital.

## **11. Will all non-critical flu patients in the cluster be directed to the ISCU?**

While we are planning on only one ISCU per hospital cluster, we anticipate that there will be a need for additional clinical evaluation and flu information centers. Many residents who are only mildly ill, or are not ill themselves, may need a place to get support, information, advice, or behavioral health assistance in coping with the impact of the pandemic and the associated fear and anxiety. Therefore, the numbers of

persons seeking help is likely to be greater than the ISCU evaluation center can handle. Therefore, we will be working with communities to identify sites and staffing for additional triage/evaluation centers. However, all flu patients that require hospital level care will still be admitted to either the acute care hospital if critical, or the ISCU if non-critical.

## **12. Where will the staffing come from?**

Staffing is the greatest challenge we face in providing access to care for all patients, flu and non-flu, during the pandemic. While we anticipate that health care workers and non-clinical support volunteers will respond to the need, we know that they may also be facing illness themselves or have sick family members or other responsibilities that will lead to a reduced workforce at the time of the surge in flu patients. We are working now to increase the number and competencies of Medical Reserve Corps in communities throughout the Commonwealth. We have created a new program, MSAR, to pre-identify and pre-credential volunteer health professionals so they can become part of the response to any surge event, pandemic or other. Included in the outreach for that program, and for the Medical Reserve Corps, will be retirees, students, and inactive health care workers. Finally, we are working with all sectors to ensure that call down lists are kept up to date, and that all employees, clinical and non-clinical, know that their help will be needed, and that there will be a role for everyone to assist.

## **13. Where will the beds and the equipment come from?**

At this time, the state is requesting funding to resource 5,000 level 4 beds. Level 4 beds are extra beds and supplies that the hospital can use in overflow areas, such as hospital lobbies or cafeterias, or in an ISCU. These beds will be stored with all the supplies and equipment necessary to provide supportive flu care. The equipment, including oxygen concentrators, will be provided if the state receives the funding. 2,000 transport style ventilators are also included in the funding request, but will be used in acute care hospitals only, not in ISCU's. Level 4 beds and the associated supplies may be pre-positioned within hospitals at the hospitals request, and may be used for any surge event.

## **14. How many ISCU beds should hospitals plan for?**

MDPH hospital coordinators are working with the hospital disaster coordinators to identify the projected number of hospital level flu patients anticipated based on the hospital cluster population. The hospitals will then compare the projected impact with the ability of the hospitals to surge internally, including the use of overflow (Level 4) beds in areas such as meeting rooms and cafeterias. The total surge projection, minus the number the hospitals can accommodate, will provide the number of ISCU beds to plan for.

## **15. What are the hospitals' responsibilities?**

Hospitals have been given four required steps in ISCU planning: site identification, collaborative planning with area health directors, a data update form, and a completed application for licensing. In addition to the planning aspects, the hospital is expected to provide and supervise the key roles of Director of Medical Operations and Administrator on Call. The hospital will also appoint a staffing coordinator who may or may not be from the hospital itself. For example, a health department from one of the cluster communities, or an MRC member, may be able to serve as the staffing coordinator. The staffing coordinator will work with the MRC points of contact, and other local entities to identify local staffing resources. If the local communities and health care entities are unable to recruit sufficient staff to activate the ISCU, MSAR volunteers may be requested from the state.

## **16. Who will pay the ISCU staff?**

Many personnel are expected to work as volunteers. Those personnel employed by the hospital assigned to work in the ISCU, as well as contractors providing services, such as linen and food service, should be paid by the hospital. MDPH is working with the payors to determine payment options for other ISCU staff.

**17. How will hospitals be reimbursed for care delivered?**

Hospitals should be reimbursed for the care of the ISCU patients provided that they follow normal registration and billing procedures outlined in the hospital's credit and collection policies. However, as some patients will be receiving care "out of network", or in a different setting (ISCU), MDPH is currently working with the health plans in Massachusetts, as well as CMS, to structure the reimbursement for pandemic related care. Please note that there may be additional opportunities for reimbursement from public or private entities (e.g., from either a specific federal or state law authorizing the coverage for such costs or from other private entities like the American Red Cross). MDPH will notify hospitals of such additional reimbursement mechanisms should they become available.

**18. What about pediatrics, people with pre-existing conditions, or other special populations?**

A special working group has been created to ensure that the needs of all special populations are integrated into the planning.

**19. How will the Department of Public Health inform hospitals about regulatory changes to support an altered standard of care if one is needed?**

MDPH is working with CMS, the health plans, ethicists, lawyers, members of the public, and others to anticipate waivers of EMTALA and other changes in regulations that may be required under an extreme pandemic scenario. This information would be communicated directly to all hospitals through our multiple communications systems, as well as posted on our website.

**20. Will hospital employees working in the ISCU be protected from malpractice liability? What about doctors who normally work in the hospital but are not technically employees?**

With respect to hospital employees, the hospital should consult with its insurance carrier to find out whether current policies cover employees in an ISCU, or if it is necessary to add a rider to protect employees who are working at a different site from the hospital itself. Health care providers who are not employees should similarly check with their insurance carriers to determine whether they need additional coverage.

**21. Are Workers' Compensation benefits available to hospital employees who work in the ISCU?**

Again, the hospital would need to check with its insurance carrier to determine coverage of benefits within the ISCU. Note that the employee would need to be working within an ISCU operating under the authority of the employer hospital's license as approved by the state, the hospital employee must be acting as a hospital employee, and the injury must arise out of and in the course of employment in the hospital employer's ISCU.

**22. Will volunteers have any liability protection for work they perform in an ISCU?**

Although there is no clear protection under state law, volunteers will have some protection from negligence under the Federal Volunteer Protection Act (FVPA) if certain conditions are met. The hospital must be a non-profit organization, and the volunteer must be unpaid and must act within the scope of her responsibilities in the ISCU. Furthermore, the volunteer must be properly licensed, certified, or authorized to act. (The state may issue waivers of state law, for example to allow certain health professionals to act outside their scopes of practice.) As a practical matter, these requirements mean that

the hospital must have a mechanism to officially sign the volunteers in, verify their credentials and give them clear work assignments.

### **23. Will volunteers get any protection under the Good Samaritan laws?**

Possibly. The Good Samaritan laws protect various categories of health care workers (listed below) who in good faith and without receiving a fee “render emergency care or treatment other than in the ordinary course of practice.” Coverage under these laws depends on there being an emergency. Although the emergency does not have to be officially declared, it is not clear whether the concept of emergency, and thus coverage under these laws, extends beyond an immediate, urgent need (such as an auto accident). Categories protected from liability for negligence are:

- Physicians, nurses, and physician assistants licensed in Massachusetts, another state, or Canada
- Respiratory therapists licensed in Massachusetts
- People trained in CPR, AEDs, or basic cardiac life support

Two other Good Samaritan laws provide protection that does not require the care to be other than in the ordinary course of practice, or to be provided free. These laws protect the following from liability for negligence:

- Physicians, dentists, and hospitals in Massachusetts for failure to obtain consent from a parent of a child, or the spouse of a patient, when delay will endanger the life, limb, or mental well-being of the patient
- EMS personnel who “in the performance of their duties” render first aid, CPR, transportation or other emergency medical services

### **24. Are Workers’ Compensation benefits available to volunteers who are hurt or made ill through their work in the ISCU?**

No. At this time, there is no law mandating Workers’ Compensation coverage for volunteers by either the state or the hospital operating the ISCU.

### **25. Should the hospital require volunteers to sign a statement acknowledging that they are not being provided with liability protection or Worker’s Compensation coverage by the hospital?**

Yes, this is advisable.

### **26. May the Hospital be sued because of the actions of a volunteer?**

This would depend on whether the state or federal government enacts a special law authorizing liability protection for health care providers (hospitals, clinics, and other). Absent these protections, the hospital may be liable for the volunteer’s negligent misconduct that is related to actions directed and controlled by the hospital as part of the ICSU operations. In Massachusetts, the “charitable cap” on damages provides that monetary recovery against non-profit organizations may not exceed \$20,000, if the activity giving rise to the harm was done to accomplish directly the charitable purposes of the organization (as opposed to commercial purposes).

### **27. If someone falls and gets hurt at an ISCU site, whose insurance will cover it?**

In situations where the hospital is contracting to use a building or space owned by another entity, it will depend on what is listed in the MOU or agreement with the site related to control of the site. Generally, the site itself will be liable for slips, falls, and injuries caused by the physical set up of the property, unless the site can show that the slip and fall arose from caring for the patient and the hospital staff was negligent in some standard of care that caused the accident.

Both the hospital and the site in which the ISCU is established should check with their insurance carriers to see whether the policy is written to cover events that are the fault of the hospital, but occur at a remote site that is under the control of the hospital.

**28. If a volunteer gets sick and dies in an ISCU, can his estate recover damages from the hospital?**

An injury and potential legal remedies available to a volunteer in an ISCU should not be any different from such remedies that are available as the result of an injury that occurs in any other setting. Both Hospitals and the sites providing the ISCU should check with their insurance carriers to make sure that normal volunteer activities will be covered during the operation of an ISCU.

**29. What does it mean that an ISCU may operate under an altered standard of care?**

An ISCU will not have all the equipment, resources, and appropriate clinical staff normally available in a hospital Emergency Department or other clinical setting. MDPH is working with a group composed of ethicists, attorneys, health care representatives, and others that is analyzing legal and other issues involving altered standards, and that will develop a process for implementing them.

**30. Will health care workers in an ISCU be asked to work outside their scopes of practice or supervise individuals working outside their scope of practice? If so, how will they be protected from liability, or discipline by their respective Board of Registration?**

Working outside one's scope of practice is an aspect of altered standards of care, and may occur during the operation of the ISCU. As noted above, MDPH is developing a process and a set of guidelines that could be used by health care entities and practitioners to modify scopes of practice during such a crisis, should that become necessary. The process would most likely include legal orders issued by either the Governor or the Commissioner of Public Health that would waive certain restrictions and set forth what activities would be allowed.

**31. How can I get more information?**

Please contact your regional hospital preparedness coordinator for more information, or to address specific issues related to your ISCU planning. You may also contact Lisa Stone, Hospital Preparedness Coordinator, at 617 624-5282 or [Lisa.Stone@state.ma.us](mailto:Lisa.Stone@state.ma.us).

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